



U.S. Department of State  
Office of Medical Services, Room L101, SA-1, Washington, DC 20522-0102  
**MEDICAL HISTORY AND EXAMINATION FOR FOREIGN SERVICE  
FOR CHILDREN 11 YEARS AND UNDER**

\*OMB APPROVAL NO. 1405-0068  
EXPIRATION DATE: 06-30-2017  
ESTIMATED BURDEN: 1 HOUR

**PRIVACY ACT NOTICE**

**AUTHORITIES:** The information is sought pursuant to the Foreign Service Act of 1980, as amended (22 U.S.C. §§ 4084, 3901, 3984).

**PURPOSE:** The information solicited on this form will be used to make appropriate medical clearance decisions.

**ROUTINE USES:** The information on this form may be shared with personnel in the Office of Medical Services. Unless otherwise protected by medical privacy regulations, the information may be made available to appropriate agencies, whether Federal, state, local or foreign, for law enforcement and administration purposes. It may also be disclosed pursuant to court order. More information on the Routine Uses for the system can be found in the System of Records Notice State-24, Medical Records.

**DISCLOSURE:** Providing this information is voluntary. However, failure to provide the information requested on this form may result in denial of a medical clearance.

**PAPERWORK REDUCTION ACT STATEMENT:** Public reporting burden for this collection of information is estimated to average one (1) hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: M/MED/EX, Room L217 SA-1, U.S. Department of State, Washington, DC 20522

**I. To Be Filled Out By Sponsor Or Parent** (Complete all sections, type or in ink.)

1. Name of Examinee (Last, First, MI.) <div></div>		Date (mm-dd-yyyy) <div></div>
2. Full Name of Employee/Applicant/Sponsor <div></div>		3. Date of Birth (mm-dd-yyyy) <div></div>
		4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. eMED Number if known (Employee/Applicant/Sponsor) <div></div>		7. Agency of Employee/Applicant/Sponsor <input type="checkbox"/> State <input type="checkbox"/> USAID <input type="checkbox"/> Foreign Commercial Service <input type="checkbox"/> Foreign Agricultural Service <input type="checkbox"/> Board of Broadcasting Governors
6. Place of Birth City <div></div> State <div></div> Country <div></div>		
8. Mailing Address (Medical Clearance Abstract will be mailed to listed address) <div></div> <div></div> <div></div> Telephone Number <div></div> (where you can be reached for the next 90 days) <div></div> E-mail Address <div></div> (where you can be reached for the next 90 days) <div></div>		9. Post of Assignment and Dates of Departure/Arrival a. Proposed Post <div></div> ED <div></div> (mm-dd-yyyy) b. Present Post <div></div> EDD <div></div> (mm-dd-yyyy) c. Last 3 Posts <div></div>
10. Purpose of Examination <input type="checkbox"/> a. In-Service <input type="checkbox"/> b. Separation <input type="checkbox"/> c. New Dependent		
11. Name of Your Health Insurance Plan <div></div>		12. Is Child Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No

**To the Doctor:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law we are asking that you NOT provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.